



# TRAFFIC CRASH REPORT

LOCAL INFORMATION		LOCAL REPORT NUMBER *		CRASH SEVERITY		HIT/SKIP																					
1-15-16176		3		1 - FATAL 2 - INJURY 3 - PDO		1 - SOLVED 2 - UNSOLVED																					
PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input checked="" type="checkbox"/> OH-3 <input type="checkbox"/> OTHER		PDO UNDER STATE REPORTABLE DOLLAR AMOUNT		PRIVATE PROPERTY		REPORTING AGENCY NCIC *		REPORTING AGENCY NAME *		NUMBER OF UNITS		UNIT IN ERROR															
013115		Miami Township Police Department		02		02		98 - ANIMAL 99 - UNKNOWN																			
COUNTY *		CITY *		CITY, VILLAGE, TOWNSHIP *		CRASH DATE *		TIME OF CRASH		DAY OF WEEK																	
13		Miami		12142015		2013		MON																			
DEGREES / MINUTES / SECONDS		LONGITUDE		OR		DECIMAL DEGREES		LONGITUDE																			
0 / 0 00.000000		39.176445		-84.205506																							
ROADWAY DIVISION		DIVIDED LANE DIRECTION OF TRAVEL		NUMBER OF THRU LANES		ROAD TYPES OR MILEPOST <sup>2</sup>		HE - HEIGHTS		MP - MILEPOST		PL - PLACE		ST - STREET		WA - WAY											
Divided		N - NORTHBOUND E - EASTBOUND S - SOUTHBOUND W - WESTBOUND		02		AL - ALLEY CR - CIRCLE AV - AVENUE CT - COURT BL - BOULEVARD DR - DRIVE		LA - LANE		PI - PIKE		RD - ROAD		TE - TERRACE		TL - TRAIL											
SR		LOCATION ROUTE NUMBER		LOC PREFIX		LOCATION ROAD NAME		LOCATION ROAD TYPE <sup>2</sup>		ROUTE TYPES <sup>1</sup>		IR - INTERSTATE ROUTE (INC. TURNPIKE)		CR - NUMBERED COUNTY ROUTE		US - US ROUTE		SR - STATE ROUTE									
131		N,S,E,W		Dry Run																							
DISTANCE FROM REFERENCE		DIR FROM REF		REFERENCE ROUTE NUMBER		REF PREFIX		REFERENCE NAME (ROAD, MILEPOST, HOUSE #)		REFERENCE ROAD TYPE <sup>2</sup>																	
MILES FEET YARDS		N,S,E,W		03		N,S,E,W		Dry Run		RD																	
REFERENCE POINT USED		CRASH LOCATION		01 - NOT AN INTERSECTION		06 - FIVE-POINT, OR MORE		11 - RAILWAY GRADE CROSSING		INTERSECTION RELATED		LOCATION OF FIRST HARMFUL EVENT		1 - ON ROADWAY		5 - ON GORE		2 - ON SHOULDER		6 - OUTSIDE TRAFFICWAY		3 - IN MEDIAN		9 - UNKNOWN		4 - ON ROADSIDE	
1		03																									
ROAD CONTOUR		ROAD CONDITIONS		PRIMARY		SECONDARY		01 - DRY		05 - SAND, MUD, DIRT, OIL, GRAVEL		09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT*		10 - OTHER		99 - UNKNOWN											
2		02						02 - WET		06 - WATER (STANDING, MOVING)																	
MANNER OF CRASH COLLISION/IMPACT		WEATHER		1 - CLEAR		4 - RAIN		7 - SEVERE CROSSWINDS																			
6		4		1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT		2 - REAR-END		3 - HEAD-ON		5 - SLUSH		8 - BLOWING SAND, SOIL, DIRT, SNOW		9 - OTHER/UNKNOWN													
ROAD SURFACE		LIGHT CONDITIONS		PRIMARY		SECONDARY		1 - DAYLIGHT		5 - DARK - ROADWAY NOT LIGHTED		9 - UNKNOWN		SCHOOL BUS RELATED		SCHOOL ZONE RELATED		SCHOOL BUS RELATED		SCHOOL BUS DIRECTLY INVOLVED		SCHOOL BUS INDIRECTLY INVOLVED					
2		5						2 - DAWN		6 - DARK - UNKNOWN ROADWAY LIGHTING																	
WORK ZONE RELATED		WORKERS PRESENT		TYPE OF WORK ZONE		1 - LANE CLOSURE		4 - INTERMITTENT OR MOVING WORK		LOCATION OF CRASH IN WORK ZONE		1 - BEFORE THE FIRST WORK ZONE WARNING SIGN		4 - ACTIVITY AREA		5 - TERMINATION AREA											
NARRATIVE		Diagram																									
Unit #1 was stopped at a red light on Dry Run at SR 131. Unit #2 was East Bound on SR 131 attempting to make a right hand turn onto Dry Run but lost control and struck unit #1 drivers side rear tire.																											
Report Taken By		SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)																									
Murray, Kevin																											
DATE CRASH REPORTED		TIME CRASH REPORTED		DISPATCH TIME		ARRIVAL TIME		TIME CLEARED		OTHER INVESTIGATION TIME		TOTAL MINUTES															
12152015		2013		2013		2022		2115		0		53															
OFFICER <sup>3</sup> NAME *		OFFICER <sup>3</sup> BADGE NUMBER		CHECKED BY																							
Murray, Kevin		M22		Evans, Karen																							

1-15-16176

UNIT NUMBER <b>01</b>		OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER )		OWNER PHONE NUMBER - INC. AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER )		DAMAGE SCALE <b>2</b>		DAMAGED AREA FRONT 09 02 03 08 10 04 07 06 05 REAR	
OWNER ADDRESS: CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER )									
LP STATE <b>OH</b>		LICENSE PLATE NUMBER <b>GPC7632</b>		VEHICLE IDENTIFICATION NUMBER <b>2D8HN54119R668883</b>				# OCCUPANTS <b>01</b>	
VEHICLE YEAR <b>2009</b>		VEHICLE MAKE <b>DODG</b>		VEHICLE MODEL <b>CAR</b>		VEHICLE COLOR <b>CPR</b>			
<input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN		INSURANCE COMPANY <b>Grange</b>		POLICY NUMBER <b>PA11555993</b>		TOWED BY		9 - UNKNOWN	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP								CARRIER PHONE- INCLUDE AREA CODE	
US DOT		VEHICLE WEIGHT GVWR/GCWR <input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LBS. <input type="checkbox"/> 2 - 10,001 TO 26,000 LBS. <input type="checkbox"/> 3 - MORE THAN 26,000 LBS.		CARGO BODY TYPE <b>01</b> 01 - No CARGO BODY TYPE/NOT APPLICABLE 02 - BUS/VAN (9-15 SEATS, INC DRIVER) 03 - BUS (16+ SEATS, INC DRIVER) 04 - VEHICLE TOWING ANOTHER VEHICLE 05 - LOGGING 06 - INTERMODAL CONTAINER CHASSIS 07 - CARGO VAN/ENCLOSED BOX 08 - GRAIN, CHIPS, GRAVEL		09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN		TRAFFICWAY DESCRIPTION <b>1</b> 1 - Two-Way, NOT DIVIDED 2 - Two-Way, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - Two-Way, DIVIDED, UNPROTECTED (PAINTED OR GRASS > 4 FT.) MEDIAN 4 - Two-Way, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-Way TRAFFICWAY <input type="checkbox"/> HIT / SKIP UNIT	
HM PLACARD ID No. <b>1</b>		<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED		NON-MOTORIST LOCATION PRIOR TO IMPACT <b>01</b> 01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - NO CROSSWALK 03 - INTERSECTION - OTHER 04 - MIDBLOCK - MARKED CROSSWALK 05 - TRAVEL LANE - OTHER LOCATION 06 - BICYCLE LANE 07 - SHOULDER/ROADSIDE 08 - SIDEWALK 09 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED-USE PATH OR TRAIL 12 - NON-TRAFFICWAY AREA 99 - OTHER/UNKNOWN		TYPE OF USE <b>1</b> 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		UNIT TYPE <b>05</b> 99 - UNKNOWN OR HIT / SKIP PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) 01 - SUB-COMPACT 02 - COMPACT 03 - MID SIZE 04 - FULL SIZE 05 - MINIVAN 06 - SPORT UTILITY VEHICLE 07 - PICKUP 08 - VAN 09 - MOTORCYCLE 10 - MOTORIZED BICYCLE 11 - SNOWMOBILE/ATV 12 - OTHER PASSENGER VEHICLE MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS 13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES 14 - SINGLE UNIT TRUCK; 3+ AXLES 15 - SINGLE UNIT TRUCK / TRAILER 16 - TRUCK/TRACTOR (BOBTAIL) 17 - TRACTOR/SEMI-TRAILER 18 - TRACTOR/DOUBLE 19 - TRACTOR/TRIPLES 20 - OTHER MED/HEAVY VEHICLE BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) 21 - BUS/VAN (9-15 SEATS, INC DRIVER) 22 - BUS (16+ SEATS, INC DRIVER) NON-MOTORIST 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDACYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST	
SPECIAL FUNCTION <b>01</b>		01 - NONE 02 - TAXI 03 - RENTAL TRUCK (OVER 10K LBS) 04 - BUS - SCHOOL (PUBLIC OR PRIVATE) 05 - BUS - TRANSIT 06 - BUS - CHARTER 07 - BUS - SHUTTLE 08 - BUS - OTHER		09 - AMBULANCE 10 - FIRE 11 - HIGHWAY/MAINTENANCE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - OTHER GOVERNMENT 16 - CONSTRUCTION EQUIP.		17 - FARM VEHICLE 18 - FARM EQUIPMENT 19 - MOTORHOME 20 - GOLF CART 21 - TRAIN 22 - OTHER (EXPLAIN IN NARRATIVE)		MOST DAMAGED AREA <b>07</b> IMPACT AREA <b>01</b> 01 - NONE 02 - CENTER FRONT 03 - RIGHT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR 08 - LEFT SIDE 09 - LEFT FRONT 10 - TOP AND WINDOWS 11 - UNDERCARRIAGE 12 - LOAD/TRAILER 13 - TOTAL(ALL AREAS) 14 - OTHER 99 - UNKNOWN	
PRE-CRASH ACTIONS <b>11</b> 99 - UNKNOWN		MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN		07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS		Non-Motorist 13 - NEGOTIATING A CURVE 14 - OTHER MOTORIST ACTION 15 - ENTERING OR CROSSING SPECIFIED LOCATION 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 - WORKING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING		ACTION <b>4</b> 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN	
CONTRIBUTING CIRCUMSTANCES PRIMARY <b>01</b> SECONDARY <b>01</b> 99 - UNKNOWN		MOTORIST 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD		11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENT MANNER 15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS) 16 - WRONG SIDE/WRONG WAY 17 - FAILURE TO CONTROL 18 - VISION OBSTRUCTION 19 - OPERATING DEFECTIVE EQUIPMENT 20 - LOAD SHIFTING/FALLING/SPILLING 21 - OTHER IMPROPER ACTION		Non-Motorist 22 - NONE 23 - IMPROPER CROSSING 24 - DARTING 25 - LYING AND/OR ILLEGALLY IN ROADWAY 26 - FAILURE TO YIELD RIGHT OF WAY 27 - NOT VISIBLE (DARK CLOTHING) 28 - INATTENTIVE 29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER 30 - WRONG SIDE OF THE ROAD 31 - OTHER NON-MOTORIST ACTION		VEHICLE DEFECTS <b>01</b> 01 - TURN SIGNALS 02 - HEAD LAMPS 03 - TAIL LAMPS 04 - BRAKES 05 - STEERING 06 - TIRE BLOWOUT 07 - WORN OR SLICK TIRES 08 - TRAILER EQUIPMENT DEFECTIVE 09 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 11 - OTHER DEFECTS	
SEQUENCE OF EVENTS 1 <b>20</b> 2 <b>01</b> 3 <b>01</b> 4 <b>01</b> 5 <b>01</b> 6 <b>01</b> FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>1</b> 99 - UNKNOWN		NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT 06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION		COLLISION WITH FIXED OBJECT 25 - IMPACT ATTENUATOR/CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT					
UNIT SPEED <b>000</b> <input checked="" type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED		POSTED SPEED <b>40</b>		TRAFFIC CONTROL <b>02</b> 01 - NO CONTROLS 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLASHERS 06 - SCHOOL ZONE 07 - RAILROAD CROSSBUCKS 08 - RAILROAD FLASHERS 09 - RAILROAD GATES 10 - CONSTRUCTION BARRICADE 11 - PERSON (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS 13 - CROSSWALK LINES 14 - WALK/DON'T WALK 15 - OTHER 16 - NOT REPORTED		UNIT DIRECTION FROM <b>2</b> TO <b>4</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN			

1-15-16176

UNIT NUMBER <b>02</b>	OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER )	OWNER PHONE NUMBER - INC. AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER )	DAMAGE SCALE <b>2</b>	DAMAGED AREA FRONT  REAR
OWNER ADDRESS: CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER )			1 - NONE	
LP STATE <b>OH</b>	LICENSE PLATE NUMBER <b>GLM4552</b>	VEHICLE IDENTIFICATION NUMBER <b>1NXBU4EE6AZ371792</b>	2 - MINOR	
VEHICLE YEAR <b>2010</b>	VEHICLE MAKE <b>TOYT</b>	VEHICLE MODEL <b>COA</b>	3 - FUNCTIONAL	
INSURANCE COMPANY <b>State Farm</b>		POLICY NUMBER <b>8741478D0135A</b>	4 - DISABLING	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP			CARRIER PHONE- INCLUDE AREA CODE	
US DOT <b>01</b>	VEHICLE WEIGHT GVWR/GCWR <input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LBS. <input type="checkbox"/> 2 - 10,001 TO 26,000 LBS. <input type="checkbox"/> 3 - MORE THAN 26,000 LBS.	CARGO BODY TYPE <b>01</b> 01 - No CARGO BODY TYPE/NOT APPLICABLE 02 - Bus/Van (9-15 SEATS, INC DRIVER) 03 - Bus (16+ SEATS, INC DRIVER) 04 - VEHICLE TOWING ANOTHER VEHICLE 05 - LOGGING 06 - INTERMODAL CONTAINER CHASSIS 07 - CARGO VAN/ENCLOSED BOX 08 - GRAIN, CHIPS, GRAVEL	TRAFFICWAY DESCRIPTION <b>1</b> 1 - Two-Way, NOT DIVIDED 2 - Two-Way, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - Two-Way, DIVIDED, UNPROTECTED (PAINTED OR GRASS > 4 FT.) MEDIAN 4 - Two-Way, DIVIDED, POSITIVE MEDIAN BARRIER 5 - One-Way Trafficway	
HM PLACARD ID No. <b>01</b>	<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED	09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN	<input type="checkbox"/> HIT / SKIP UNIT	
HM CLASS NUMBER <b>01</b>				
NON-MOTORIST LOCATION PRIOR TO IMPACT <b>01</b> 01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - NO CROSSWALK 03 - INTERSECTION - OTHER 04 - MIDBLOCK - MARKED CROSSWALK 05 - TRAVEL LANE - OTHER LOCATION 06 - BICYCLE LANE 07 - SHOULDER/ROADSIDE 08 - SIDEWALK 09 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED-USE PATH OR TRAIL 12 - NON-TRAFFICWAY AREA 99 - OTHER/UNKNOWN	TYPE OF USE <b>1</b> 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE <b>03</b> 99 - UNKNOWN OR HIT / SKIP	PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) 01 - SUB-COMPACT 02 - COMPACT 03 - MID SIZE 04 - FULL SIZE 05 - MINIVAN 06 - SPORT UTILITY VEHICLE 07 - PICKUP 08 - VAN 09 - MOTORCYCLE 10 - MOTORIZED BICYCLE 11 - SNOWMOBILE/ATV 12 - OTHER PASSENGER VEHICLE	
SPECIAL FUNCTION <b>01</b> 01 - NONE 02 - TAXI 03 - RENTAL TRUCK (OVER 10K LBS) 04 - BUS - SCHOOL (PUBLIC OR PRIVATE) 05 - BUS - TRANSIT 06 - BUS - CHARTER 07 - BUS - SHUTTLE 08 - BUS - OTHER			MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS 13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES 14 - SINGLE UNIT TRUCK; 3+ AXLES 15 - SINGLE UNIT TRUCK / TRAILER 16 - TRUCK/TRACTOR (BOBTAIL) 17 - TRACTOR/SEMI-TRAILER 18 - TRACTOR/DOUBLE 19 - TRACTOR/TRIPLES 20 - OTHER MED/HEAVY VEHICLE	
MOST DAMAGED AREA <b>03</b> 01 - NONE 02 - CENTER FRONT 03 - RIGHT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR			ACTION <b>3</b> 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN	
PRE-CRASH ACTIONS <b>05</b> 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN			NON-MOTORIST 15 - ENTERING OR CROSSING SPECIFIED LOCATION 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 - WORKING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING	
CONTRIBUTING CIRCUMSTANCES PRIMARY <b>17</b> 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD			VEHICLE DEFECTS <b>01</b> 01 - TURN SIGNALS 02 - HEAD LAMPS 03 - TAIL LAMPS 04 - BRAKES 05 - STEERING 06 - TIRE BLOWOUT 07 - WORN OR SLICK TIRES 08 - TRAILER EQUIPMENT DEFECTIVE 09 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 11 - OTHER DEFECTS	
SEQUENCE OF EVENTS 1 <b>20</b> 2 <b>01</b> 3 <b>01</b> 4 <b>01</b> 5 <b>01</b> 6 <b>01</b> FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>1</b>			NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT	
COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE (TRAIN, ENGINE) 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT			COLLISION WITH FIXED OBJECT 21 - IMPACT ATTENUATOR/CRASH CUSHION 22 - BRIDGE OVERHEAD STRUCTURE 23 - BRIDGE PIER OR ABUTMENT 24 - BRIDGE PARAPET 25 - BRIDGE RAIL 26 - GUARDRAIL FACE 27 - GUARDRAIL END 28 - PORTABLE BARRIER	
UNIT SPEED <b>015</b> <input checked="" type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED			UNIT DIRECTION FROM <b>4</b> TO <b>2</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	
POSTED SPEED <b>40</b>			5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST	
TRAFFIC CONTROL <b>04</b> 01 - NO CONTROLS 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLASHERS 06 - SCHOOL ZONE			9 - UNKNOWN 10 - CROSS MEDIAN 11 - CROSS CENTER LINE 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION	
07 - RAILROAD CROSSBUCKS 08 - RAILROAD FLASHERS 09 - RAILROAD GATES 10 - CONSTRUCTION BARRICADE 11 - PERSON (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS			41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX	
01 - NO CROSSTRAFFIC LINES 02 - WALK/DON'T WALK 03 - OTHER 04 - NOT REPORTED			48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT	



# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER  
1-15-16176

MOTORIST/Non-MOTORIST

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE Reupert, Randy J	DATE OF BIRTH 10311973	AGE 42	GENDER M F - FEMALE M - MALE							
ADDRESS, CITY, STATE, ZIP 5078 Cross Creek Ln Milford Oh 45150			CONTACT PHONE- INCLUDE AREA CODE (513) 309-5930								
INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
OL STATE OH	OPERATOR LICENSE NUMBER RG601889	OL CLASS 4	No VALID OL	M/C END.	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE .	DRUG TEST STATUS 1	DRUG TEST TYPE 1
OFFENSE CHARGED ( Local Code)		OFFENSE DESCRIPTION			CITATION NUMBER		HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY 1			

MOTORIST/Non-MOTORIST

UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE Phillips, Christopher M	DATE OF BIRTH 11201998	AGE 17	GENDER M F - FEMALE M - MALE							
ADDRESS, CITY, STATE, ZIP 5940 Thistle Ct Milford Oh 45150			CONTACT PHONE- INCLUDE AREA CODE (513) 248-8008								
INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
OL STATE Oh	OPERATOR LICENSE NUMBER UH888234	OL CLASS 4	No VALID OL	M/C END.	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE .	DRUG TEST STATUS 1	DRUG TEST TYPE 1
OFFENSE CHARGED ( Local Code) 4549.021		OFFENSE DESCRIPTION Failure To Stop After Accident On Private Property			CITATION NUMBER 353018		HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY 1			

INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED 99 - UNKNOWN SAFETY EQUIPMENT Non-MOTORIST 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS,KNEES, ETC) 12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER
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SEATING POSITION 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
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EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS D ) 5 - MC/MOPED ONLY	CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER	ALCOHOL/DRUG SUSPECTED 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED
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ALCOHOL TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	DRUG TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	DRIVER DISTRACTED BY 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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OCCUPANT

UNIT NUMBER 	NAME: LAST, FIRST, MIDDLE 	DATE OF BIRTH 	AGE 	GENDER F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP 			CONTACT PHONE- INCLUDE AREA CODE 	

INJURIES 	INJURED TAKEN BY 	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 	AIR BAG USAGE 	EJECTION 	TRAPPED 
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OCCUPANT

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## TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER 1-15-16176	REPORTING AGENCY Miami Township Police Department	DATE OF CRASH M 12   D 14   Y 2015
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**FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES**

I, Phillips, Christopher M HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

Murray, Kevin AT SR 131

OFFICER'S NAME

LOCATION

I was traveling westbound on 131 turned right onto Dry Run Rd my bald tires caused me to slide on the wet road made contact with the minivan and continued to drive I realize now that my actions were wrong and appologize to all parties I was scared, panicked and have anziety made a rash decision and was wrong.

ADDRESS OF WITNESS  
5940 Thistle Ct Milford Oh 45150

PHONE  
(513) 248-8008

SIGNATURE OF WITNESS  
☒ Phillips, Christopher M

OFFICER'S SIGNATURE  
☒ Murray, Kevin